

USA/PCT

R-10/88

Additional names, addresses and signatures to be attached to Form No. 1000
 Entitled: **DECLARATION AND POWER OF ATTORNEY**

At **Midland, Michigan 48640 USA**

this 9th day of October 19 91

Signature Peter N. Nickias
 Full Name: **Peter N. Nickias**
 Residence: **4512 North Saginaw Road, Apt. 1120**
 City, State, Zip: **Midland, Michigan 48640**
 Country: **United States of America**
 Citizenship: **United States of America**
 P.O. Address: **Same as Residence**

At **Midland, Michigan 48640 USA**

this 10th day of October 19 91

Signature Robert K. Rosen
 Full Name: **Robert K. Rosen**
 Residence: **2612 Abbott Road #11**
 City, State, Zip: **Midland, Michigan 48640² Lake 10-10-91**
 Country: **United States of America**
 Citizenship: **United States of America**
 P.O. Address: **Same as Residence**

At **Freeport, Texas 77541 USA**

this 15 day of October 19 91

Signature George W. Knight
 Full Name: **George W. Knight**
 Residence: **1618 North Road**
 City, State, Zip: **Lake Jackson, Texas 77566**
 Country: **United States of America**
 Citizenship: **United States of America**
 P.O. Address: **Same as Residence**

At **Freeport, Texas 77541 USA**

this 28 day of October 19 91

Signature Shih-yaw Lai
 Full Name: **Shih-yaw Lai**
 Residence: **4523 Bermuda Drive**
 City, State, Zip: **Sugar Land, Texas 77479**
 Country: **United States of America**
 Citizenship: **United States of America**
 P.O. Address: **Same as Residence**

At
 this _____ day of _____ 19 _____

Signature _____
 Full Name: _____
 Residence: _____
 Country: _____
 Citizenship: _____
 P.O. Address: _____
 Employed By: _____
 Of Country: _____

At
 this _____ day of _____ 19 _____

Signature _____
 Full Name: _____
 Residence: _____
 Country: _____
 Citizenship: _____
 P.O. Address: _____
 Employed By: _____
 Of Country: _____

At
 this _____ day of _____ 19 _____

Signature _____
 Full Name: _____
 Residence: _____
 Country: _____
 Citizenship: _____
 P.O. Address: _____
 Employed By: _____
 Of Country: _____

At
 this _____ day of _____ 19 _____

Signature _____
 Full Name: _____
 Residence: _____
 Country: _____
 Citizenship: _____
 P.O. Address: _____
 Employed By: _____
 Of Country: _____